Indiana State Police Clandestine Laboratory Occurrence Report This form complies with the statutory requirement set forth in IC 5-2-15-3.

Date:	08/11/2014	Street:	100 Block of East 9 th Street	
Incident #:	14ISPC007092	Apt, Lot, Room #:		
County:	Madison	City:	Anderson, IN 46016	
Type of Laboratory Seizure (check one)		Seizure Location (check all that apply)		
☑ Lab Seizure☐ Chemical Seizure☐ Equipment Seizure☐ Dumpsite Seizure		Residence Outbuilding Vehicle Other: Unki	Business	
Apt., hotel, r	nulti-family dwelling: Shared HVAC	: Yes No	Unknown	
Items Found	l: Location (bedroom, kitchen, open air, et	c) (check all that a	apply)	
Red Phos Hydrochl	or Birch Reaction(s): <u>Unknown</u> phorous/Iodine Reaction(s): oric Acid Gas Generator(s): le Solvents: _ active Metal (Lithium):	Anhydrous Ammonia: Corrosive Acid: Corrosive Base: Ammonium Nitrate/Sulfate: Other (item and location):		
Child under age 18 discovered (check appropriate)				
No	(number present) not present but evidence they reside	uncle Estimated occurring	length of time manufacturing had been	
Vehicle, Tra	vel Trailer, RV or Watercraft Inforn	nation:		
Owner: VIN: Year:		Make: Model: Color:		
This report l	has been faxed* or emailed to the foll	owing agencies	that serve the location:	
Fire Department: <u>Anderson</u> Health Department County: <u>Madison</u> Department of Child Services Hotline: <u>dcshotlinereports@d</u>			Fax: Fax: @dcs.in.gov Fax: 317-234-7595 or 317-234-7596	
	ormation regarding this methamphetam Officer: <u>Senior Trooper Kyle K. West</u> P			
*This form is to be found to the Fire Deportment Health Deportment and/or Deportment of Child Services listed within 24 hours of				

*This form is to be faxed to the Fire Department, Health Department and/or Department of Child Services listed within 24 hours of scene processing.